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FEC FORM 2

STATEMENT OF CANDIDACY

	lame of Candidate (in full)								
	Kerr, Paul, G., ,					100 ":			
(b) Address (number and street) ☐ Check if address changed 12625 High Bluff Drive Suite 315						Candidate's FEC Identification Number H8CA49066			
	City, State, and ZIP Code					3. Is This		ew	Amended
	San Diego		CA	9213	80	Statem	nent X (N	l) OR	(A)
4. Part	y Affiliation	5. Office Sough	nt		6. State & Dist	trict of Candid	date		
DEI	MOCRATIC PARTY	House			CA	49			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMI	TTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) N	lame of Committee (in full)								
	Paul Kerr for Congr	ess							
	Address (number and street) 330 Encinitas Blvd., Suite 10	I							
(c) C	City, State, and ZIP Code								
	Encinitas				CA	92024	1		
	DE			_	THORIZED		TEES		
(Including Joint Fundraising Representatives)									
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.									
NOT	E: This designation should be	filed with the prin	ncipal campa	aign commit	ee.				
(a) N	lame of Committee (in full)								
(b) A	Address (number and street)								
(a) (City, State, and ZIP Code								
(6)	only, State, and ZIF Code								
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is	true, correct	and comp	lete.
Signature of Candidate Date									
Kerr, Paul, G., ,					07/11/2017				
				[Elec	tronically Filed]	01711120			
NOTE:		or incomplete i	nformation n	nav suhiact	the person signif	na thia Staton	mont to nonal	tion of 2 LL	
	Submission of false, erroneous	, or incomplete i	mormation	lay Subject	ine person signii	ng mis stater	nent to penai	ties of 2 o.	S.C. §437g.
	Submission of false, erroneous	, or incomplete i	Thormation	lay Subject	the person signif	ng tris Stater	nent to penal	1165 01 2 0.	S.C. §437g.
	Submission of false, erroneous	, or incomplete i	THOMAUOTTI	lay subject	the person signif	ing this Stater	nent to penal	lies of 2 o.	S.C. §437g.

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